

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>4/8/97</u>		2 Serial/Patent # <u>08/800266</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing		2/13/97						
<input type="checkbox"/>	Amendment								
<input type="checkbox"/>	Extension of Time								
<input type="checkbox"/>	Notice of Appeal/Appeal								
<input type="checkbox"/>	Petition								
<input type="checkbox"/>	Issue								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.								
<input type="checkbox"/>	Maintenance								
<input type="checkbox"/>	Assignment								
<input type="checkbox"/>	Other								
		7 TOTAL AMOUNT OF REFUND	\$ 128 ⁰⁰						
10 REASON:		8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check							
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>				--			
		--							
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME:		TITLE: <u>308-3616</u>							
SIGNATURE: <u>Whitney Tran</u>		PHONE: <u>Examiner</u>							
OFFICE: <u>OIP E T-5 0205</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>Stephanie Stator</u>		DATE: <u>5-16-97</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number

800266

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	30 minus 20 = *	10
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	385.00
x\$11=	110
x40=	
+130=	
TOTAL	495

RATE	FEE
	770.00
x\$22=	
x80=	
+260=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	30	Minus	** 30	=
Independent	*	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.